

## Picton High School 480 Argyle Street PICTON 2571 Phone: 46771242 Fax: 46771559 Email: picton-h.school@det.nsw.edu.au

## May 2018 PERMISSION TO PUBLISH

Dear Parent/Caregiver,

I am seeking your permission to publish information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

This information may include your child's name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published include but are not limited to:

- Public websites of the Department of Education and Communities including the school website, the Department of Education and Communities intranet (staff only), blogs and wikis.
- Department of Education and Communities publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department's websites.
- Official Department and school social media accounts on networks such as YouTube Facebook and Twitter.

Parents should be aware that when information is published on public websites and social media channels, it can be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information. Published information can also be linked to by third parties.

Please complete the permission slip and return to the school.

Yours sincerely

Ms P Hammond Principal PERMISSION TO PUBLISH

I have read this permission to publish and:

Circle the appropriate: **I give permission** / **I do not give permission** to the school/Department of Education and Communities to publish information about my child as described above, including in publicly accessible communications.

This signed permission remains effective until I advise the school otherwise.

Student's name:	Student's Year:
Parent/Carer/Caregiver's name:	
Parent/Carer/Caregiver's signature:	Date: